Refine Search

Search Results -

Term	Documents
PROKINET$7	0
PROKINETEIC	1
PROKINETIC	373
PROKINETICIN	7
PROKINETICINS	1
PROKINETICS	29
PROKINETID	1
(1 AND PROKINET$7).USPT.	28
(L1 AND PROKINET$7).USPT.	28

Database:
US Pre-Grant Publication Full-Text Database
US Patents Full-Text Database
US OCR Full-Text Database
EPO Abstracts Database
JPO Abstracts Database
Derwent World Patents Index
IBM Technical Disclosure Bulletins

Search: L2

Refine Search | Recall Text | Clear | Interrupt

Search History

DATE: Thursday, June 22, 2006 Printable Copy Create Case

Set Name side by side	Query	Hit Count	Set Name result set
DB=USPT; PLUR=YES; OP=ADJ			
L2	L1 and prokinet$7	28	L2
L1	514/327.ccls.	476	L1

END OF SEARCH HISTORY

```
Your last SELECT statement was:
   S (INTESTIN?(5N)CLEANS?) AND LAXAT?

Ref        Items   File
---        -----   ----
N1            15   149: TGG Health&Wellness DB(SM)_1976-2006/May W4
N2            13   399: CA SEARCH(R)_1967-2006/UD=14425
N3             5   155: MEDLINE(R)_1951-2006/Jun 12
N4             3    34: SciSearch(R) Cited Ref Sci_1990-2006/Jun W1
N5             2    73: EMBASE_1974-2006/Jun 13
N6             1     5: Biosis Previews(R)_1969-2006/Jun W1
N7             1   156: ToxFile_1965-2006/Jun W2
N8             1   159: Cancerlit_1975-2002/Oct
N9             1   266: FEDRIP_2005/Dec
N10            0    35: Dissertation Abs Online_1861-2006/May
   9 files have one or more items; file list includes 25 files.

        - Enter P or PAGE for more -
? b n1-n10
       13jun06 15:37:05 User208650 Session D835.5
          $11.87    4.478 DialUnits File411
    $11.87  Estimated cost File411
     $0.80  TELNET
    $12.67  Estimated cost this search
   $106.81  Estimated total session cost  10.818 DialUnits

SYSTEM:OS  - DIALOG OneSearch
  File 149:TGG Health&Wellness DB(SM) 1976-2006/May W4
         (c) 2006 The Gale Group
  File 399:CA SEARCH(R) 1967-2006/UD=14425
         (c) 2006 American Chemical Society
*File 399: Use is subject to the terms of your user/customer agreement.
IPCR/8 classification codes now searchable as IC=. See HELP NEWSIPCR.
  File 155:MEDLINE(R) 1951-2006/Jun 12
         (c) format only 2006 Dialog
*File 155: Please see HELP NEWS 154
for information about recent updates added to MEDLINE.
  File  34:SciSearch(R) Cited Ref Sci 1990-2006/Jun W1
         (c) 2006 Inst for Sci Info
  File  73:EMBASE 1974-2006/Jun 13
         (c) 2006 Elsevier Science B.V.
  File   5:Biosis Previews(R) 1969-2006/Jun W1
         (c) 2006 The Thomson Corporation
  File 156:ToxFile 1965-2006/Jun W2
         (c) format only 2006 Dialog
  File 159:Cancerlit 1975-2002/Oct
         (c) format only 2002 Dialog
*File 159: Cancerlit is no longer updating.
Please see HELP NEWS159.
  File 266:FEDRIP 2005/Dec
        Comp & dist by NTIS, Intl Copyright All Rights Res
  File  35:Dissertation Abs Online 1861-2006/May
         (c) 2006 ProQuest Info&Learning

      Set  Items  Description
      ---  -----  -----------
? s (intestin?(5n)cleans?) and laxat?
         1202478  INTESTIN?
           24293  CLEANS?
             263  INTESTIN?(5N)CLEANS?
           16960  LAXAT?
      S1      42  (INTESTIN?(5N)CLEANS?) AND LAXAT?
? rd
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      S2       40  RD  (unique items)
? s2 and prokinet?
Processing
Processed  10 of  10 files ...
Completed processing all files
        16436254  2
            7009  PROKINET?
      S3    2727  2 AND PROKINET?
? s s2 and prokinet?
              40  S2
            7009  PROKINET?
      S4       0  S2 AND PROKINET?
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? b 411
       13jun06 15:27:38 User208650 Session D835.2
            $0.00    0.107 DialUnits File410
    $0.00  Estimated cost File410
    $0.00  Estimated cost this search
    $0.53  Estimated total session cost   0.258 DialUnits
File 411:DIALINDEX(R)

DIALINDEX(R)
   (c) 2006 Dialog

*** DIALINDEX search results display in an abbreviated ***
*** format unless you enter the SET DETAIL ON command. ***
? sf medicine
>>>         138 is unauthorized
>>>1 of the specified files is not available
   You have 25 files in your file list.
   (To see banners, use SHOW FILES command)
? s prokinet?(20n)laxati?

Your SELECT statement is:
   s prokinet?(20n)laxati?

          Items   File
          -----   ----
             12     5: Biosis Previews(R)_1969-2006/Jun W1
             21    34: SciSearch(R) Cited Ref Sci_1990-2006/Jun W1
              1    65: Inside Conferences_1993-2006/Jun 13
             78    73: EMBASE_1974-2006/Jun 13
              1    91: MANTIS(TM)_1880-2006/Feb
              4   144: Pascal_1973-2006/May W3
              9   149: TGG Health&Wellness DB(SM)_1976-2006/May W4
             25   155: MEDLINE(R)_1951-2006/Jun 12
              4   156: ToxFile_1965-2006/Jun W2
              1   159: Cancerlit_1975-2002/Oct
              1   162: Global Health_1983-2006/May
              4   399: CA SEARCH(R)_1967-2006/UD=14425
              2   444: New England Journal of Med._1985-2006/May W4

   13 files have one or more items; file list includes 25 files.

? rf
Your last SELECT statement was:
   S PROKINET?(20N)LAXATI?

Ref       Items   File
---       -----   ----
N1           78    73: EMBASE_1974-2006/Jun 13
N2           25   155: MEDLINE(R)_1951-2006/Jun 12
N3           21    34: SciSearch(R) Cited Ref Sci_1990-2006/Jun W1
N4           12     5: Biosis Previews(R)_1969-2006/Jun W1
N5            9   149: TGG Health&Wellness DB(SM)_1976-2006/May W4
N6            4   144: Pascal_1973-2006/May W3
N7            4   156: ToxFile_1965-2006/Jun W2
N8            4   399: CA SEARCH(R)_1967-2006/UD=14425
N9            2   444: New England Journal of Med._1985-2006/May W4
N10           1    65: Inside Conferences_1993-2006/Jun 13
   13 files have one or more items; file list includes 25 files.

        - Enter P or PAGE for more -
? b n1-n10
       13jun06 15:28:17 User208650 Session D835.3
            $2.62    0.989 DialUnits File411
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      $2.62  Estimated cost File411
      $0.26  TELNET
      $2.88  Estimated cost this search
      $3.41  Estimated total session cost   1.248 DialUnits

SYSTEM:OS  - DIALOG OneSearch
  File  73:EMBASE 1974-2006/Jun 13
        (c) 2006 Elsevier Science B.V.
  File 155:MEDLINE(R) 1951-2006/Jun 12
        (c) format only 2006 Dialog
*File 155: Please see HELP NEWS 154
for information about recent updates added to MEDLINE.
  File  34:SciSearch(R) Cited Ref Sci 1990-2006/Jun W1
        (c) 2006 Inst for Sci Info
  File   5:Biosis Previews(R) 1969-2006/Jun W1
        (c) 2006 The Thomson Corporation
  File 149:TGG Health&Wellness DB(SM) 1976-2006/May W4
        (c) 2006 The Gale Group
  File 144:Pascal 1973-2006/May W3
        (c) 2006 INIST/CNRS
  File 156:ToxFile 1965-2006/Jun W2
        (c) format only 2006 Dialog
  File 399:CA SEARCH(R) 1967-2006/UD=14425
        (c) 2006 American Chemical Society
*File 399: Use is subject to the terms of your user/customer agreement.
IPCR/8 classification codes now searchable as IC=. See HELP NEWSIPCR.
  File 444:New England Journal of Med. 1985-2006/May W4
        (c) 2006 Mass. Med. Soc.
  File  65:Inside Conferences 1993-2006/Jun 13
        (c) 2006 BLDSC all rts. reserv.

      Set  Items  Description
      ---  -----  -----------
? s prokinet?(20n)laxati?
           7670  PROKINET?
          18455  LAXATI?
      S1    160  PROKINET?(20N)LAXATI?
? rd
      S2    116  RD  (unique items)
? s s2 and ((5(w)ht?) or 5ht?)
>>>File 34 processing for HT? stopped at HTU42
>>>File 5 processing for HT? stopped at HT2AR
Processing
Processing
Processed  10 of  10 files ...
Completed processing all files
            116  S2
       11836516  5
         457157  HT?
         169755  5(W)HT?
          25566  5HT?
      S3     14  S2 AND ((5(W)HT?) OR 5HT?)
? t/5/1-14

 3/5/1     (Item 1 from file: 73)
DIALOG(R)File  73:EMBASE
(c) 2006 Elsevier Science B.V. All rts. reserv.

13089270     EMBASE No: 2005152045
  Rationale for using serotonergic agents to treat irritable bowel syndrome
  Baker D.E.
  Prof. D.E. Baker, Clinical Programs, College of Pharmacy, Washington
  State University, P.O. Box 1495, Spokane, WA 99210-1495  United States
  AUTHOR EMAIL: bakerdan@wsu.edu
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American Journal of Health-System Pharmacy (AM. J. HEALTH-SYST. PHARM.) (United States) 01 APR 2005, 62/7 (700-713)
CODEN: AHSPE ISSN: 1079-2082
DOCUMENT TYPE: Journal ; Review
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 111

Purpose. The role of serotonin in gastrointestinal (GI)-tract functioning, the pharmacologic rationale for using serotonergic agents in the treatment of irritable bowel syndrome (IBS), and clinical experience with novel serotonergic agents are described. Summary. IBS is a common multisymptom disorder that is associated with a high socioeconomic burden. The goal of treatment is to provide rapid and sustained global relief of the multiple symptoms of IBS with a single, effective, well-tolerated agent. Traditional treatment options target single symptoms, and many patients are dissatisfied with the level of relief achieved and adverse effects. Research has revealed that serotonin is involved in three major actions in the gut: (1) mediating intestinal motility, (2) mediating intestinal secretion in the GI tract, and (3) modulating perception in the bowels. Serotonin is also a vital link in the brain-gut axis. Alterations in key elements of serotonin signaling have been demonstrated in patients with IBS. Tegaserod, a selective serotonin type 4 (***5*** - ***HTSUB4***)-receptor partial agonist, is indicated for use in women with IBS whose primary bowel symptom is constipation. Alosetron, a ***5*** - ***HTSUB3*** -receptor antagonist, is indicated for use in women with severe diarrhea-predominant IBS in whom traditional therapies have failed. The clinical usefulness of several other serotonergic agents for IBS is being investigated. Conclusion. The use of serotonergic agents in patients with IBS is based on the critical role that serotonin plays in the maintenance of normal gut function and brain-gut communication. Pharmacologic therapies targeting specific serotonin receptors represent an important step in the management of IBS.

BRAND NAME/MANUFACTURER NAME: ym 060
DRUG DESCRIPTORS:
*tegaserod--adverse drug reaction--ae; *tegaserod--clinical trial--ct; *tegaserod--drug dose--do; *tegaserod--drug therapy--dt; *tegaserod--pharmacology--pd; *serotonin 4 agonist--adverse drug reaction--ae; *serotonin 4 agonist--clinical trial--ct; *serotonin 4 agonist--drug dose--do; *serotonin 4 agonist--drug therapy--dt; *serotonin 4 agonist--pharmacology--pd; *alosetron--adverse drug reaction--ae; *alosetron--clinical trial--ct; *alosetron--drug dose--do; *alosetron--drug therapy--dt; *alosetron--pharmacology--pd; *serotonin 3 agonist--adverse drug reaction--ae; *serotonin 3 agonist--clinical trial--ct; *serotonin 3 agonist--drug dose--do; *serotonin 3 agonist--drug therapy--dt; *serotonin 3 agonist--pharmacology--pd; *serotonin--endogenous compound--ec; *renzapride--clinical trial--ct; *renzapride--drug therapy--dt antidepressant agent--drug therapy--dt; tricyclic antidepressant agent--drug therapy--dt; spasmolytic agent--drug therapy--dt; **laxative**--drug therapy--dt; antidiarrheal agent--drug therapy--dt; bulking agent--drug therapy--dt; **prokinetic** agent--adverse drug reaction--ae; **prokinetic** agent--drug comparison--cm; prokinetic agent--drug therapy--dt; cisapride--adverse drug reaction--ae; cisapride--drug comparison--cm; cisapride--drug therapy--dt; ramosetron--clinical trial--ct; ramosetron--drug development--dv; ramosetron--drug dose--do; ramosetron--drug therapy--dt; cilansetron--adverse drug reaction--ae; cilansetron--clinical trial--ct; cilansetron--drug dose--do; cilansetron--drug therapy--dt
MEDICAL DESCRIPTORS:
*irritable colon--drug therapy--dt
drug use; clinical feature; symptom; drug efficacy; drug tolerability; intestine motility; intestine secretion; signal transduction; drug indication; constipation--drug therapy--dt; constipation--side effect--si; disease severity; diarrhea--drug therapy--dt; diarrhea--side effect--si;

treatment failure; intestine function; abdominal pain--drug therapy--dt; abdominal pain--side effect--si; intestine innervation; drug mechanism; headache--side effect--si; ischemic colitis--side effect--si; ischemia --side effect--si; abdominal discomfort--side effect--si; nausea--side effect--si; intestine obstruction--side effect--si; intestine perforation --side effect--si; feces impaction--side effect--si; drug fatality--side effect--si; human; nonhuman; clinical trial; systematic review; review; priority journal
CAS REGISTRY NO.: 145158-71-0, 189188-57-6 (tegaserod); 122852-42-0 (alosetron); 50-67-9 (serotonin); 109872-41-5 (renzapride); 81098-60-4 (cisapride); 132036-88-5, 132907-72-3 (ramosetron); 120635-72-5, 120635-74-7, 209859-87-0 (cilansetron)
SECTION HEADINGS:
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reaction Titles
048 Gastroenterology

3/5/2 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE

12670511 EMBASE No: 2004268589
New and emerging treatment options for chronic constipation
Schiller L.R.
Dr. L.R. Schiller, Baylor University Medical Center, Dallas, TX United States
Reviews in Gastroenterological Disorders (REV. GASTROENTEROL. DISORD.) (United States) 2004, 4/SUPPL. 2 (S43-S51)
CODEN: RGDEA ISSN: 1533-001X
DOCUMENT TYPE: Journal ; Review
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 71

Chronic constipation remains a therapeutic challenge for today's physicians. Traditional approaches include use of fiber, osmotic **laxatives**, stimulant **laxatives**, **prokinetic** agents, biofeedback training, and surgery. These often are tried sequentially and episodically and have little evidence of long-term efficacy. Patients often report inadequate relief of symptoms. There is room for improvement, therefore, in the therapy of chronic constipation. Future advances largely will be based on insights into the enteric nervous system (ENS), the structure and function of which is being revealed in great detail. Manipulating the ENS pharmacologically offers the opportunity to reprogram this key control system to improve bowel function. For example, interneurons in the ENS display **5-HTSUB4** receptors, activation of which enhances the peristaltic reflex. Prokinetic agents that stimulate those receptors, such as tegaserod and prucalopride, have demonstrated efficacy as investigational agents for the treatment of chronic constipation in large studies. Less well studied investigational drugs with presumed activity in the ENS include opiate antagonists and the nerve growth factor neurotrophin-3. Both of these types of agents have been shown to be effective in small groups of patients with constipation. Another approach under development is to stimulate colonic fluid secretion by opening chloride channels in the epithelium pharmacologically. Existing nonpharmacological treatments that can be improved include biofeedback training for pelvic floor dysfunction and surgery. Future developments include investigation of electrical stimulation of the colon and use of stem cells to repopulate degenerated populations of neurons, interstitial cells of Cajal, or smooth muscle cells. (c) 2004 MedReviews, LLC.

BRAND NAME/MANUFACTURER NAME: ru 0211
DRUG DESCRIPTORS:

osmotic agent--drug therapy--dt; **laxative**--drug therapy--dt; **prokinetic** agent--adverse drug reaction--ae; **prokinetic** agent --clinical trial--ct; **prokinetic** agent--drug analysis--an; **prokinetic** agent--drug therapy--dt; prokinetic agent--pharmacology --pd; serotonin 4 receptor--endogenous compound--ec; tegaserod--adverse drug reaction--ae; tegaserod--clinical trial--ct; tegaserod--drug analysis --an; tegaserod--drug therapy--dt; tegaserod--pharmacology--pd; prucalopride--adverse drug reaction--ae; prucalopride--clinical trial--ct; prucalopride--drug analysis--an; prucalopride--drug therapy--dt; prucalopride--pharmacology--pd; opiate antagonist--clinical trial--ct; opiate antagonist--drug therapy--dt; opiate antagonist--pharmacokinetics --pk; opiate antagonist--pharmacology--pd; neurotrophin 3--adverse drug reaction--ae; neurotrophin 3--clinical trial--ct; neurotrophin 3--drug therapy--dt; neurotrophin 3--pharmacology--pd; neurotrophin 3--subcutaneous drug administration--sc; recombinant protein--clinical trial--ct; recombinant protein--drug therapy--dt; recombinant protein--pharmacology --pd; cisapride--adverse drug reaction--ae; cisapride--drug analysis--an; 17 methylnaltrexone--clinical trial--ct; 17 methylnaltrexone--drug therapy --dt; alvimopan--clinical trial--ct; alvimopan--drug therapy--dt; opiate --adverse drug reaction--ae; gastrointestinal agent--adverse drug reaction --ae; gastrointestinal agent--clinical trial--ct; gastrointestinal agent --drug therapy--dt; gastrointestinal agent--pharmacology--pd; unclassified drug
MEDICAL DESCRIPTORS:
*constipation--drug therapy--dt; *constipation--side effect--si; * constipation--surgery--su; *constipation--therapy--th; *chronic disease --drug therapy--dt; *chronic disease--side effect--si; *chronic disease --surgery--su; *chronic disease--therapy--th
dietary fiber; feedback system; intestine surgery; evidence based medicine; symptomatology; intestine innervation; intestine function; interneuron; colon motility; drug efficacy; colon secretion; chloride channel; pelvic disease--therapy--th; electrostimulation; stem cell transplantation; cell population; nerve cell degeneration; interstitial cell of Cajal; smooth muscle fiber; heart arrhythmia--side effect--si; diarrhea--side effect--si; headache--side effect--si; intestine ischemia--side effect--si; abdominal pain--side effect--si; rectum hemorrhage--side effect--si; nausea--side effect--si; drug penetration; drug structure; drug mechanism; human; clinical trial; review
DRUG TERMS (UNCONTROLLED): ru 0211--adverse drug reaction--ae; ru 0211 --clinical trial--ct; ru 0211--drug therapy--dt; ru 0211--pharmacology--pd
CAS REGISTRY NO.: 145158-71-0, 189188-57-6 (tegaserod); 179474-80-7, 179474-81-8, 179474-84-1 (prucalopride); 81098-60-4 (cisapride); 83387-25-1 (17 methylnaltrexone); 156053-89-3 (alvimopan); 53663-61-9, 8002-76-4, 8008-60-4 (opiate)
SECTION HEADINGS:
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
038 Adverse Reaction Titles
048 Gastroenterology

3/5/3 (Item 3 from file: 73)
DIALOG(R)File 73:EMBASE

11822875 EMBASE No: 2002394912
Good patient management, appropriate diet and selective medication are trumps in the treatment of irritable bowel syndrome
GUTE PATIENTENFUHRUNG, RICHTIGE ERNAHRUNG, GEZIELTE MEDIKATION: DAS SIND DIE TRUMPFE IN DER REIZDARMTHERAPIE
Fliegner-Baia M.; Keller J.; Layer P.
M. Fliegner-Baia, Med. Klinik, Stadtspital Triemli, Birmensdorferstr. 497, CH-8063 Zurich United Kingdom
MMW-Fortschritte der Medizin (MMW-FORTSCHR. MED.) (Germany) 17 OCT

2002, 144/42 (33-37)
CODEN: MFMEF ISSN: 1438-3276
DOCUMENT TYPE: Journal ; Short Survey
LANGUAGE: GERMAN SUMMARY LANGUAGE: ENGLISH; GERMAN

In the treatment of the irritable bowel syndrome, it is important to qualify unrealistic expectations with regard to treatment, at an early stage. The therapeutic spectrum encompasses establishment of good rapport between physician and patient, modification of life style, provision of good patient information, reassurance, coping strategies, and temporal restraints on medication. Depending on the leading symptoms,the latter may range from **laxatives** to probiotics, anticholinergics or spasmolytics, **prokinetic** and anti-diarrheal agents,to **5-HT3**/HT4 receptor antagonists. In individual patients with frequently recurrent or permanent pain, the use of tricyclic antidepressants may be considered. Painkillers should be reserved for patients in whom other therapeutic strategies have failed.

DRUG DESCRIPTORS:
*gastrointestinal agent--drug therapy--dt
laxative--drug therapy--dt; probiotic agent--drug therapy--dt; spasmolytic agent--drug therapy--dt; antidiarrheal agent--drug therapy--dt; serotonin 3 antagonist--drug therapy--dt; serotonin 4 antagonist--drug therapy--dt
MEDICAL DESCRIPTORS:
*diet; *irritable colon--drug therapy--dt; *irritable colon--therapy--th
lifestyle; phytotherapy; psychotherapy; human; short survey
SECTION HEADINGS:
006 Internal Medicine
037 Drug Literature Index
048 Gastroenterology

3/5/4 (Item 4 from file: 73)
DIALOG(R)File 73:EMBASE

11648635 EMBASE No: 2002217029
New and emerging treatments for irritable bowel syndrome and functional dyspepsia
Talley N.J.
Dr. N.J. Talley, Department of Medicine, University of Sydney, Nepean Hospital, Penrith, NSW 2751 Australia
AUTHOR EMAIL: talley@pnc.com.au
Expert Opinion on Emerging Drugs (EXPERT OPIN. EMERG. DRUGS) (United Kingdom) 2002, 7/1 (91-98)
CODEN: EOEDA ISSN: 1472-8214
DOCUMENT TYPE: Journal ; Review
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 63

The symptomatic management of irritable bowel syndrome (IBS) and functional dyspepsia, which often overlap, can be frustrating and difficult. Education and reassurance remain central for management although controlled trials are lacking. Psychological interventions may be useful in select patients but methodological inadequacies in clinical trials limit their interpretability. For symptom exacerbations, drug treatment is reasonable but no current treatment successfully targets the full symptom complex. Bulking agents are not of proven efficacy in IBS; they may improve constipation but worsen bloating and pain. Anticholinergics are of uncertain value in IBS. A meta-analysis of trials of smooth muscle relaxants for IBS has been reported to be positive but the quality of the trials included was poor. Antidepressants for IBS and functional dyspepsia appear to be efficacious based on the limited published evidence; both global symptoms and abdominal pain improve. Selective serotonin reuptake

inhibitors (SSRIs) are of uncertain efficacy but anecdotally appear to be useful. Laxatives are not of proven efficacy in IBS. Loperamide improves diarrhea, but not abdominal pain in IBS. No drug is of proven efficacy for bloating. Acid suppression remains the mainstay of therapy for functional dyspepsia but the majority of patients do not have an adequate response. Promising drugs include new prokinetics for constipation-predominant IBS (e.g., tegaserod, a partial ***5*** - ***HTSUB4*** agonist, prucalopride, a full **5-HTSUB4** agonist, and dexloxiglumide, a cholecystokinin1 antagonist), agents for diarrhea-predominant IBS (e.g., ***5*** - **HTSUB3** antagonists, alpha2 receptor agonists and corticotrophin receptor-1 antagonists), other visceral analgesics (e.g. tachykinin antagonists, opioid agonists) and in dyspepsia fundus relaxing agents (e.g., ***5*** - ***HTSUB1*** , agonists, tegaserod).

DRUG DESCRIPTORS:
*gastrointestinal agent
bulking agent; cholinergic receptor blocking agent; spasmolytic agent; serotonin uptake inhibitor--adverse drug reaction--ae; **laxative**; loperamide; **prokinetic** agent; tegaserod; prucalopride; dexloxiglumide ; serotonin 3 antagonist; alpha 2 adrenergic receptor stimulating agent; corticotropin receptor; receptor blocking agent; analgesic agent; tachykinin receptor antagonist; opiate agonist; serotonin 1 agonist; hyoscyamine--drug dose--do; hyoscyamine--sublingual drug administration--li ; zamifenacin; darifenacin; peppermint oil; tricyclic antidepressant agent --adverse drug reaction--ae; tricyclic antidepressant agent--drug dose--do; desipramine; nortriptyline; fedotozine; leuprorelin--subcutaneous drug administration--sc; serotonin 4 agonist; unindexed drug
MEDICAL DESCRIPTORS:
*irritable colon; *dyspepsia
drug efficacy; psychotherapy; constipation; abdominal pain; diarrhea; drug contraindication; drug tolerability; heart arrhythmia--side effect--si; liver toxicity--side effect--si; nausea--side effect--si; human; review
CAS REGISTRY NO.: 34552-83-5, 53179-11-6 (loperamide); 145158-71-0, 189188-57-6 (tegaserod); 179474-80-7, 179474-81-8, 179474-84-1 (prucalopride); 119817-90-2 (dexloxiglumide); 101-31-5, 306-03-6 (hyoscyamine); 127308-82-1, 127308-98-9 (zamifenacin); 133099-04-4, 133099-07-7 (darifenacin); 8006-90-4 (peppermint oil); 50-47-5, 58-28-6 (desipramine); 72-69-5, 894-71-3 (nortriptyline); 123618-00-8 (fedotozine); 53714-56-0, 74381-53-6 (leuprorelin)
SECTION HEADINGS:
  037 Drug Literature Index
  038 Adverse Reaction Titles
  048 Gastroenterology

3/5/5 (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

14083198 PMID: 12533994
[Proper patient counseling, recommended nutrition, specific medication. The basics of irritable bowel syndrome therapy]
Gute Patientenfuhrung, richtige Ernahrung, gezielte Medikation. Das sind die Trumpfe in der Reizdarmtherapie.
Fliegner-Baia M; Keller J; Layer P
Med. Klinik, Stadtspital Triemli, Birmensdorferstr. 497, CH-8063 Zurich.
MMW Fortschritte der Medizin (Germany) Oct 17 2002, 144 (42) p33-7, ISSN 1438-3276--Print Journal Code: 100893959
Publishing Model Print
Document type: Journal Article ; English Abstract
Languages: GERMAN
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Subfile: INDEX MEDICUS

In the treatment of the irritable bowel syndrome, it is important to qualify unrealistic expectations with regard to treatment, at an early stage. The therapeutic spectrum encompasses establishment of good rapport between physician and patient, modification of life style, provision of good patient information, reassurance, coping strategies, and temporal restraints on medication. Depending on the leading symptoms, the latter may range from **laxatives** to probiotics, anticholinergics or spasmolytics, **prokinetic** and anti-diarrheal agents, to **5-HT3** /HT4 receptor antagonists. In individual patients with frequently recurrent or permanent pain, the use of tricyclic antidepressants may be considered. Painkillers should be reserved for patients in whom other therapeutic strategies have failed.

Descriptors: *Colonic Diseases, Functional--therapy--TH; *Food Habits; *Gastrointestinal Agents--therapeutic use--TU; *Patient Education; Abdominal Pain--etiology--ET; Abdominal Pain--therapy--TH; Antidepressive Agents, Tricyclic--therapeutic use--TU; Colonic Diseases, Functional --etiology--ET; Combined Modality Therapy; English Abstract; Humans

CAS Registry No.: 0 (Antidepressive Agents, Tricyclic); 0 (Gastrointestinal Agents)

Record Date Created: 20030121

Record Date Completed: 20030417

3/5/6 (Item 1 from file: 34)

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci

08232278 Genuine Article#: 260QZ Number of References: 22

Title: Classification, pharmacology, and side-effects of common laxatives

Author(s): MullerLissner S (REPRINT)

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Abstract: No definition of the term laxative is satisfactory since their mode of actions affects multiple mechanisms, absorption/secretion and motor activity: Laxatives are very heterogeneous chemically. They act by either holding water inside the bowel lumen (dietary fibre, osmotic laxatives), by inhibition of water absorption or stimulation of secretion (stimulation laxatives), ol by stimulation of colonic motility (stimulant laxatives, ***5HT*** (4) agonists). Most laxatives have side-effects but these ape usually mild.

Descriptors--Author Keywords: abuse ; definition ; fibre ; **laxatives** ; melanosis coli ; **prokinetics** ; side-effects

Identifiers--KeyWord Plus(R): DIETARY FIBER; CONSTIPATION; DIARRHEA; ORIGIN; BRAN

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MULLERLISSNER SA, 1994, CONSTIPATION
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SMITH B, 1969, V9, P139, GUT
SPEARE GS, 1951, V82, P631, AM J SURG
STEPHEN AM, 1979, V20, P722, GUT

3/5/7 (Item 1 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)

02798074 SUPPLIER NUMBER: 144013557 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Treatment of constipation in older adults.(Disease/Disorder overview)
Hsieh, Christine
American Family Physician, 72, 11, 2277(8)
Dec 1,
2005
DOCUMENT TYPE: Disease/Disorder overview PUBLICATION FORMAT: Magazine/Journal ISSN: 0002-838X LANGUAGE: English RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional
WORD COUNT: 4215 LINE COUNT: 00436

AUTHOR ABSTRACT: Constipation is a common complaint in older adults. Although constipation is not a physiologic consequence of normal aging, decreased mobility and other comorbid medical conditions may contribute to its increased prevalence in older adults. Functional constipation is diagnosed when no secondary causes can be identified, such as a medical condition or a medicine with a side effect profile that includes constipation. Empiric treatment may be tried initially for patients with functional constipation. Management of chronic constipation includes keeping a stool diary to record the nature of the bowel movements, counseling on bowel training, increasing fluid and dietary fiber intake, and increasing physical activity. There are a variety of over-the-counter and prescription laxatives available for the treatment of constipation. Fiber and laxatives increase stool frequency and improve symptoms of constipation. If constipation is refractory to medical treatment, further diagnostic evaluation may be warranted to assess for colonic transit time and anorectal dysfunction. Alternative treatment methods such as biofeedback and surgery may be considered for these patients. (Am Fam Physician 2005;72:2277-84, 2285. Copyright (c) 2005 American Academy of Family Physicians.)

DESCRIPTORS: Constipation
GEOGRAPHIC CODES/NAMES: 1USA United States
FILE SEGMENT: HI File 149

3/5/8 (Item 2 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)

01374719 SUPPLIER NUMBER: 13303139 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Clinical approaches to irritable bowel syndrome.
Weber, Frederick H.; McCallum, Richard W.
The Lancet, v340, n8833, p1447(6)
Dec 12,
1992

PUBLICATION FORMAT: Magazine/Journal ISSN: 0099-5355 LANGUAGE: English
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional
WORD COUNT: 4118 LINE COUNT: 00378

ABSTRACT: The treatment of irritable bowel syndrome (IBS) may vary depending on the symptoms experienced by the individual patient. IBS is a gastrointestinal disorder that affects up to 20% of the population in the western world. It is characterized by symptoms such as abdominal pain, swelling of the abdomen and difficulties associated with defecation such as constipation or diarrhea. Patients suffering from these types of symptoms are usually diagnosed with IBS on the basis of their medical history. Patients usually undergo several different types of tests to rule out other more serious disorders. IBS is difficult to treat. Individuals with IBS experience a wide variety of symptoms and may respond differently to drugs used to treat IBS. They may be placed in different treatment groups based on their symptoms and possible causes of their disease. Psychosocial factors may play an important role in the development of IBS in some patients.

SPECIAL FEATURES: illustration; table; chart
DESCRIPTORS: Irritable bowel syndrome--Care and treatment; Gastrointestinal diseases--Care and treatment
FILE SEGMENT: HI File 149

3/5/9 (Item 3 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)

01252330 SUPPLIER NUMBER: 09143916 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Hastening gut transit. (editorial)
The Lancet, v336, n8721, p974(2)
Oct 20,
1990
DOCUMENT TYPE: editorial PUBLICATION FORMAT: Magazine/Journal ISSN: 0099-5355 LANGUAGE: English RECORD TYPE: Fulltext; Abstract
TARGET AUDIENCE: Professional
WORD COUNT: 945 LINE COUNT: 00109

ABSTRACT: Many diseases and conditions are improved when transit time through the gastrointestinal (GI) tract is decreased. Prokinetic agents that hasten GI transit time are under development, and will offer new approaches to treating conditions with symptoms related to hypomotility (decreased movement or action of intestinal smooth muscle). Because many cell receptors that modulate GI function have been identified, the prokinetic agents focus on receptor types. One condition that may benefit from new treatments is gastroesophageal reflux (heartburn), which results when the contents of the stomach flow back into the esophagus, causing pain and, in extreme cases, inflammation and esophageal ulcers. While poor gastric emptying in surgical patients and diabetics, and slow colonic transit time in some patients with constipation may be relieved by agents that decrease GI transit time, an even wider market for the new agents may exist in the treatment of nausea and vomiting. Motilin increases motor activity in the stomach and small bowel by stimulating excitatory receptors and releasing acetylcholine. Cholecystokinin (CCK) receptors are present on smooth muscle cells found in many regions of the GI tract. CCK analogs hasten transit through the small intestine by stimulating smooth muscle and releasing acetylcholine. Cisapride enhances the release of acetylcholine, promotes healing of mild esophagitis, and improves symptoms in patients with diabetic gastroparesis (lack of movement of the intestines). It also seems to alleviate constipation and reduce dependence on **laxatives**, but has not been compared with other treatments. Researchers have evaluated the use of **prokinetic** agents for the treatment of patients with rare conditions. Controlled trials are needed before these drugs can be used by

patients with uncomfortable, nonlife-threatening conditions, such as gastroesophageal reflux or irritable bowel syndrome. (Consumer Summary produced by Reliance Medical Information, Inc.)

DESCRIPTORS: Gastroesophageal reflux--Drug therapy; Gastrointestinal system --Effect of drugs on; Gastrointestinal agents--Innovations; Gastrointestinal system--Motility; Constipation--Drug therapy
FILE SEGMENT: HI File 149

3/5/10 (Item 1 from file: 399)
DIALOG(R)File 399:CA SEARCH(R)

143416253 CA: 143(23)416253r PATENT
Combination of proton pump inhibitor, buffering agent, and prokinetic agent for treatment of gastric diseases
INVENTOR(AUTHOR): Proehl, Gerald T.; Hall, Warren; Olmstead, Kay; Hepburn, Bonnie
LOCATION: USA
ASSIGNEE: Santarus, Inc.
PATENT: U.S. Pat. Appl. Publ. ; US 20050239845 A1 DATE: 20051027
APPLICATION: US 2005107349 (20050415) *US 2004PV562820 (20040416)
PAGES: 34 pp. CODEN: USXXCO LANGUAGE: English
PATENT CLASSIFICATIONS:
CLASS: 514338000; A61K-031/4439A
SECTION:
CA201009 Pharmacology
CA263XXX Pharmaceuticals
IDENTIFIERS: proton pump inhibitor prokinetic agent combination therapy gastric disease
DESCRIPTORS:
Gastrointestinal motility...
antimotility agents; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Drug delivery systems...
caplets; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Drug delivery systems...
capsules; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Acrylic polymers,biological studies... Buffers... Prokinetic agents... Stability... pH... Monoglycerides... Glycerides,biological studies... 5-HT antagonists... Dietary fiber... Antiulcer agents... Gastrointestinal agents ... Esophagus,disease... Dyspepsia... Antacids... Combination chemotherapy ... Polyoxyalkylenes,biological studies...
combination of proton pump inhibitor, buffering agent, and prokinetic agent
Ulcer...
duodenal; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Intestine,disease...
duodenum, ulcer; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Drug delivery systems...
effervescent; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Esophagus,disease... Inflammation...
esophagitis, erosive; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Coating materials...
gastric resistant, controlled- release, enzymic-controlled, film, sustained-release, immediate-release, and delayed-release; combination of proton pump inhibitor, buffering agent, and prokinetic agent

Ulcer...
gastric; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Digestive tract,disease...
gastroesophageal reflux, and poorly responsive symptomatic gastroesophageal reflux disease; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Osmosis...
luminally active osmotic agents; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Encapsulation...
microencapsulation; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Drug delivery systems...
microspheres; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Drug delivery systems...
oral; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Drug delivery systems...
parenterals; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Disease,animal...
pathol. gastrointestinal hypersecretory disease; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Gastric juice...
pH; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Effervescent materials...
pharmaceuticals; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Drug delivery systems...
powders; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Drug delivery systems...
prodrugs; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Transport proteins...
proton pump; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Digestive tract,disease...
pyrosis; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Laxatives...
saline; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Drug delivery systems...
suspensions; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Drug delivery systems...
tablets, chewable, normal and bite-disintegration; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Drug delivery systems...
tablets; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Stomach,disease...
ulcer; combination of proton pump inhibitor, buffering agent, and prokinetic agent
Pancreas,neoplasm...
Zollinger-Ellison syndrome; combination of proton pump inhibitor, buffering agent, and prokinetic agent
CAS REGISTRY NUMBERS:
144-55-8 471-34-1 7440-69-9 7487-88-9 biological studies, combination of proton pump inhibitor, buffering agent, and prokinetic agent

9005-25-8 biological studies, modified food; combination of proton pump inhibitor, buffering agent, and prokinetic agent
73590-58-6 364-62-5 81098-60-4 112885-41-3 57808-66-9 55905-53-8 83863-69-8 22204-53-1 99614-02-5 92340-57-3 119141-88-7 113712-98-4 103577-45-3 102625-70-7 117976-89-3 350507-35-6 161973-10-0 832103-67-0 117976-90-6 104340-86-5 9004-65-3 9004-57-3 9002-89-5 9004-62-0 9004-32-4 25322-68-3 9004-38-0 12619-70-4 1309-42-8 109889-09-0 115956-12-2 9003-97-8 53179-11-6 4205-90-7 7632-05-5 1264-62-6 3847-29-8 674-38-4 590-63-6 59-99-4 combination of proton pump inhibitor, buffering agent, and prokinetic agent
25322-68-3D copolymers, combination of proton pump inhibitor, buffering agent, and prokinetic agent
9000-83-3 hydrogen ion-translocating, inhibitors; combination of proton pump inhibitor, buffering agent, and prokinetic agent
9004-64-2 Nisso HPC; combination of proton pump inhibitor, buffering agent, and prokinetic agent
7082-71-5 Phylium; combination of proton pump inhibitor, buffering agent, and prokinetic agent

3/5/11 (Item 2 from file: 399)
DIALOG(R)File 399:CA SEARCH(R)

131223297 CA: 131(17)223297b JOURNAL
Pharmacological properties of a novel gastrointestinal prokinetic benzamide selective for human 5-HT4receptor versus human 5-HT3receptor
AUTHOR(S): Nagakura, Yukinori; Akuzawa, Shinobu; Miyata, Keiji; Kamato, Takeshi; Suzki, Takeshi; Ito, Hiroyuki; Yamaguchi, Tokio
LOCATION: Neuroscience Research, Pharmacological Laboratories, Institute for Drug Discovery Research, Yamanouchi Pharmaceutical Co. Ltd, Tsukuba, Japan,
JOURNAL: Pharmacol. Res. DATE: 1999 VOLUME: 39 NUMBER: 5 PAGES: 375-382 CODEN: PHMREP ISSN: 1043-6618 LANGUAGE: English PUBLISHER: Academic Press
SECTION:
CA201009 Pharmacology
IDENTIFIERS: gastrointestinal prokinetic benzamide 5HT4 5HT3 receptor
DESCRIPTORS:
Intestine,disease...
constipation; gastrointestinal prokinetic benzamide selectivity for human 5-HT4/5-HT3receptors
Gastrointestinal motility... Laxatives...
gastrointestinal prokinetic benzamide selectivity for human 5-HT4/5-HT3receptors
5-HT receptors...
5-HT3; gastrointestinal prokinetic benzamide selectivity for human 5-HT4/5-HT3receptors
5-HT receptors...
5-HT4; gastrointestinal prokinetic benzamide selectivity for human 5-HT4/5-HT3receptors
CAS REGISTRY NUMBERS:
81098-60-4 90182-92-6 112727-80-7 220850-98-6 gastrointestinal prokinetic benzamide selectivity for human 5-HT4/5-HT3receptors

3/5/12 (Item 3 from file: 399)
DIALOG(R)File 399:CA SEARCH(R)

126014203 CA: 126(2)14203a JOURNAL
Recent advances in the pharmacology of gastrointestinal prokinetics
AUTHOR(S): Tonini, Marcello

LOCATION: Department Internal Medicine and Therapeutics, University Pavia , I-27100, Pavia, Italy
JOURNAL: Pharmacol. Res. DATE: 1996 VOLUME: 33 NUMBER: 4/5 PAGES: 217-226 CODEN: PHMREP ISSN: 1043-6618 LANGUAGE: English PUBLISHER: Academic
SECTION:
CA201000 Pharmacology
IDENTIFIERS: review gastrointestinal prokinetic drug
DESCRIPTORS:
5-HT4 receptors...
agonists; recent advances in the pharmacol. of gastrointestinal prokinetics
Gastrointestinal hormone receptors...
motilin, agonists; recent advances in the pharmacol. of gastrointestinal prokinetics
Gastrointestinal drugs...
prokinetics; recent advances in the pharmacol. of gastrointestinal prokinetics
Colon... Laxatives...
recent advances in the pharmacol. of gastrointestinal prokinetics
CAS REGISTRY NUMBERS:
125978-95-2 inhibitors; recent advances in the pharmacol. of gastrointestinal prokinetics

3/5/13 (Item 1 from file: 444)
DIALOG(R)File 444:New England Journal of Med.

00124422

Drug Therapy: Irritable Bowel Syndrome (Review Article)

Mertz, Howard R.
The New England Journal of Medicine
Nov 27, 2003; 349 (22),pp 2136-2146
LINE COUNT: 00549 WORD COUNT: 07584
ISSN: 0028-4793
CORPORATE SOURCE: From the Department of Medicine, Division of Gastroenterology, and the Department of Radiology and Radiological Sciences, Vanderbilt University, Nashville. Address reprint requests to Dr. Mertz at Nashville Gastrointestinal Specialists, 4230 Harding Rd., Suite 309 W., Nashville, TN 37205.

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Current Concepts: Chronic Constipation (Review Article)

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